

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3							53		
4							54		
5							55		
6	5						56		
7	B						57		
8	B						58		
9			1				59		
10			1				60		
11			1				61		
12			1				62		
13			1				63		
14			1				64		
15			1				65		
16			1				66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
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38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			1				TOTAL DEP.		
TOTAL CLAIMS			8				TOTAL CLAIMS		